### FORM **DP-87 ID** 045

# NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION INTEREST AND DIVIDENDS TAX

REPORT OF CHANGE FOR IRS ADJUSTMENT ONLY

FOR DRAUSE ONLY

or the CALE	NDAR year or other taxable period beginning	Mo Day Ye	and ending	Mo Day Year				
STEP 1 Print or	LAST NAME	FIRST NAME & INI	ΓΙΑL	SOCIAL SECUR	TYNUMBER			
уре	LAST NAME & INITIAL		SPOUSE'S SOC	SPOUSE'S SOCIAL SECURITY NUMBE				
	NAME OF PARTNERSHIP OR FIDUCIARY			FEIN OR DIN				
	NUMBER & STREET ADDRESS							
	ADDRESS (Continued)							
	CITY/TOWN, STATE & ZIP CODE							
TEP 2 ntity ype	Individual	% of NEW HAMPS Ownership Interest	HIRE					
STEP 3	1 FROM YOUR FEDERAL INCOME TAX RETURN: As originally filed or previously adjusted							
RS .djust-	(a) INTEREST INCOME [from DP-10, Page 2, Line		1,					
ents	(b) <b>DIVIDEND INCOME</b> [from DP-10, Page 2, Line	1(b)						
	(c) FEDERAL TAX EXEMPT INTEREST INCOME	1(c)						
	(d) SUBTOTAL INTEREST AND DIVIDEND INCO	1(d)						
	2 <b>TOTAL DISTRIBUTIONS</b> [as originally filed or previous	. 2						
	3 SUBTOTAL INTEREST & DIVIDENDS INCOME AND DIST	3						
	4 INTERNAL REVENUE SERVICE ADJUSTMENTS 1 (a) AMOUNT OF CHANGE TO INTEREST INCOM	4(a)						
	(b) AMOUNT OF CHANGE TO DIVIDEND INCOM	. ,						
	(c) AMOUNT OF CHANGE TO FEDERAL EXEMPT IN	4(c)						
	(d) AMOUNT OF CHANGE TO OTHER INCOME							
	(e) <b>SUBTOTAL</b> combine Lines 4(a), 4(b), 4(c) an							
	5 Subtotal Interest & Dividend Income and Distril							
	Line 3 adjusted by Line 4(e)							
	<ul> <li>TOTAL NON-TAXABLE INCOME as originally filed or p</li> <li>GROSS TAXABLE INCOME AS ADJUSTED BY IR</li> </ul>							
	8 LESS: \$2,400 for Individual, Partnership and Fidu							
	•							
	9 ADJUSTED TAXABLE INCOME (Line 7 minus Line 8). If negative show in parenthesis 9  10 CHECK THE EXEMPTIONS THAT APPLY.							
	Blind Spouse Blind 65 (or over) or disabled Spouse 65 (or over) or disabled Year of birth Year of birth							
	Multiply the total number of I	boxes checked a	bove x 1,200 =	= 10				
	11 NET TAXABLE INCOME (Line 9 minus Line 10) If	less than zero, en	ter amount in parenthesis	S . 11				
	12 NEW HAMPSHIRE INTEREST AND DIVIDENDS TAX	. 12						
TEP 4 igure	(Line 11 multiplied by 5%)  13 NEW HAMPSHIRE INTEREST AND DIVIDENDS TA	. 13						
Your Tax, Interest and Penalties	14 BALANCE OF TAX DUE (Line 12 minus Line 13)							
	15 INTEREST DUE (see DP-87 instructions)							
	16 BALANCE DUE (Line 14 plus Line 15)							
	(If less than \$1.00 do not pay)							
FOR DRAUS								
	(If prepared by a person other than the taxpayer, POA: By checking this box and signing bel				_			
	X	J., JOG GGHIONZ	C ac to allocated tillo let	a mai alo proparer				
	Signature (in ink) AND TITLE IF FIDUCIARY	Date	Signature (in ink) of Paid Prep	arer Other Than Taxpayer	Date			
	If joint return, BOTH parties must sign, even if only one had income	Date	Print Preparer's Name & Tax I	dentification Number				
	NH DRA MAIL AUDIT DIVISION		Preparer's Address					
	TO: PO BOX 457 CONCORD NH 03302-0457		City/Town, State & Zip Code		DP-87 ID			

**DP-87 ID**045

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## INTEREST AND DIVIDENDS TAX

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Page 2

		- uge 2		
	CTION 1 IRS ADJUSTMENTS TO INTEREST INCOME. he number of adjustments exceed the lines provided, attach a	schedule and summarize on	Line F	
11 (	ADJUSTMENT DESCRIPTION	REPORTED	AMOUNT OF CHANGE	BALANCE AFTER CHANGE
Α				
В				
С				
D				
Е	Total from attached schedule			
Lin	e 1 Enter total of Lines A through E here and on Page 1, Line	4(a) 1		
SE	CTION 2 IRS ADJUSTMENTS TO DIVIDEND INCOME.			
lf t	he number of adjustments exceed the lines provided, attach a	schedule and summarize on	Line E	BALANCE
	ADJUSTMENT DESCRIPTION	REPORTED	AMOUNT OF CHANGE	AFTER CHANGE
Α				
В				
С				
D				
Е	Total from attached schedule			
Lin	e 2 Enter total of Lines A through E here and on Page 1, Line	4(b) 2		
<u></u>	CTION 2 IDC AD ILICTMENTS TO FEDERAL EVENINT INTERFECT	NCOME		
	CTION 3 IRSADJUSTMENTS TO FEDERAL EXEMPT INTEREST IN the number of adjustments exceed the lines provided, attach a s		Line E	
	ADJUSTMENT DESCRIPTION	REPORTED	AMOUNT OF CHANGE	BALANCE AFTER CHANGE
Α				
В				
С				
D				
Е	Total from attached schedule			
Lin	e 3 Enter total of Lines A through E here and on Page 1, Line	4(c) 3		
	COTION A IDO AD ILIOTAFAITO TO OTHER INCOME OUR IEOTT	O INITEDECT AND DIVIDEND	0 TAY (	
	ECTION 4 IRS ADJUSTMENTS TO OTHER INCOME SUBJECT TO the number of adjustments exceed the lines provided, attach a			
	ENTITY PAYER'S IDENTIFICATION TYPE ADJUSTMENT DESCRIPTION	NAME OF PAYER	AMOUNT OF CHANGE	BALANCE AFTER CHANGE
Α				
В				
С				
D				
Е	Total from attached schedule			
	L	4(d) 4		